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ABSTRACT

Data obtained from interviews with 1,039 non-institutionalized Hispanic elderly (55 and older) who identified themselves as having one or more psychological difficulties were analyzed to determine what factors best predicted subjective well-being. The study was a secondary analysis of data collected in 1979-80 using a national sample stratified by geographic region. Twenty-six variables were selected from this data and classified under Larsen's four categories for determinants of well-being: (1) health and physical disability; (2) socioeconomic and demographic characteristics; (3) transportation and residence; (4) activity and social interaction. Variables selected included family income, living arrangements, ethnicity, urban/rural residence, home ownership, residential mobility, contact with kin, contact with friends and neighbors, church attendance, use of formal mental health services, use of informal mental health services (spouse, relatives, friends), and self-rated health status. Subjective well-being was measured by the number of distressing events experienced out of the categories of family problems, depression, sleeplessness because of worry, and unexplained fear. Step-wise regression analysis was used to determine the relative importance and interrelationship of variables. Findings indicated that subjective well-being was best predicted by use of informal mental health support systems followed by use of formal support systems, health status, and being a housewife. (JHZ)

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THE IMPACT OF SOCIAL SUPPORT SYSTEMS UPON THE PSYCHOLOGICAL WELL-BEING OF THE HISPANIC ELDERLY

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Presented at the 31st Annual Meeting of the Western Gerontological Society, Denver, Colorado, March 1985. The data for this study was originally collected by Carmela G. Lacayo, President of the National Association for Hispanic Elderly, Los Angeles, California. The authors would like to express gratitude to Ms. Lacayo for making the data available for this study.

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THE SUBJECTIVE WELL-BEING OF THE HISPANIC ELDERLY

Abstract

The data from a subsample of 1039 elderly Hispanic persons with psychological difficulties are used to investigate the direct associations among demographic factor, transportation and environment, activity and social interaction, health, and subjective well-being. The findings indicate that subjective well-being is best predicted by informal support followed by formal support, health status, being a housewife, mobility, living with spouse and age. The results suggest that informal and formal support systems act as a buffer contributing to the well-being of the Hispanic elderly.

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The Subjective Well-Being of the Hispanic Elderly

Introduction

Our knowledge regarding the correlates of subjective well-being or the negative continuum of affective experience of the elderly is empirically limited. While the list of variables related to well-being is extensive, the amount of variance explained by these variables is low (Adams, 1971; Larson, 1978; Lohmann, 1980). The determinants of well-being are classified by Larson (1978) into four categories: health and physical disability; demographic variables (i.e., socioeconomic status and related variables); transportation and residence; and activity and social interaction. Health, activity, and social economic status are the strongest predictors of well-being. It appears from the last fifty years of research in this area (Conkey, 1933; Lohmann, 1980) little is known about other predictors of well-being as indicators of mental health.

As in other areas of gerontology research, studies of subjective well-being of the Hispanic aged are few. The studies that exist often compare Mexican-Americans and Anglos with Mexican-Americans scoring lower on measures of well-being. However, these differences disappear when socioeconomic status and health are controlled (Markides et al., 1980). None of these studies (i.e., gerontological or minority aging) have analyzed the simultaneous impact of all the variables, as suggested by Larsons, as predictors of well-being. Moreover, little is known about the correlates of well-being among the various Hispanic elderly groups (i.e., Mexican-Americans, Puerto Ricans, Cubans and Central-South Americans). The purpose of this present study is to determine what variables best predict the affective experience

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of the Hispanic elderly while controlling for all other variables.

The well-being of the elderly has been found to be partially determined by various health and physical disability variables (Larson, 1978; Lohmann, 1980; Markides & Martin, 1979; Toseland & Rasch, 1979; Linn et al, 1979; Markides, 1980; Markides et al., 1981; Liang, 1982; Janson et al, 1982; Barresi et al., 1981; Baur & Okun, 1983). Several studies have found that socio-demographic variables influence well-being such as: socioeconomic status, income, occupational status, education, sex, race, employment status, marital status (Larson, 1978; Lohmann, 1980; Conner et al., 1979; Markides, 1980; Elwell & Maltbie-Crannel, 1981). Other studies suggest that availability of transportation and place of residence are related to well-being (Larson, 1978; Cutler, 1975; Toseland & Rasch, 1979; Linn et al., 1979; Barresi et al, 1982; Baur & Okun, 1983). Still other studies suggest that physical activity, social interaction, community integration, role loss, informal and formal support and environmental factors are related to well-being (Larson, 1978; Markides & Martin, 1979; Conner et al., 1979; Lohmann, 1980; Liang et al., 1980; Elwell et al., 1981; Ward et al., 1982; Baur & Okun, 1983).

In sum, the gerontological literature indicates that health, activity and socio-economic status are the strongest predictors of well-being with often conflicting results for the other determinants. However, the Hispanic aging literature suggest the importance of kinship and extended family support network in the well-being of the elderly (Korte, 1980; Markides et al., 1981; Sotomayor, 1973; Cremer & Ragan, 1977; Dowd & Bengston, 1978). Moreover, the effects of religion, transplantedness, ill health, work, poverty, fear of crime, discrimination and acculturation are related to the well-being of the Hispanic elderly (Linn et al., 1979; Markides et al., 1981; Korte, 1980; Sotomayor 1973; Velez, 1978; Valle & Mendoze, 1978;

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Ragan & Simonin, 1977; Torres-Gil, 1976). Empirical Studies of Hispanics indicate that health, activity, family solidarity and social economic class are the strongest predictors of well-being among the elderly when controlling for all the other variables.

The conceptual categories suggested by Larson as determinants of well-being will be employed to categorize the many variables used in this study and to analyze their impact on the well-being of the Hispanic Elderly. The results should aid in assessing: 1) the correlates of well-being among the Hispanic elderly; 2) the relative importance and magnitude of the direct determinants of well-being; and 3) the amount of variation explained by the significant direct determinants of well-being. The major interest in this study is to determine which variables significantly impact the negative well-being of the Hispanic elderly while controlling for all the other variables in the framework.

Methods

Data

This study represents a secondary analysis of data that was collected in 1979-80 entitled "A National Study to Assess the Service Needs of the Hispanic Elderly" (Principle Investigator, Carmela G. Lacayo). The data was provided by the National Association for Hispanic Elderly and were gathered from a national area probability sample. A subset of 1039 non-institutionalized Hispanic individuals age 55 and older who identified themselves as having one or more psycho-social difficulties were selected for this study. The characteristics of the sample are: ethnic identity - Mexican-American 61%, Puerto Rican 13%, Cuban 14%, and other Hispanics 12%; gender - 42% males and 58% females; mean age 66.5;

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living arrangements - with spouse 27%; alone 27%, with children 19%, other 8%, with spouse and children 19%; mean education 4.7; and mean family income $4,000 dollars.

The original study data were obtained from interviews administered in the respondent's home using a pretested instrument constructed by the National Association of Hispanic Elderly in consultation with the Administration of Older Americans, the United States Bureau of Census, and Kaiser Permanente Research Department. The instrument was a combination of the Older American Resources and Services Functional Assessment Questionnaire (OARS) and the Subjective Distress Scale of Psychiatric Status Schedule (PSS). Twenty-six variables were selected from this data for the current study and classified according to Larson's scheme, as shown in Figure 1.

Insert Figure 1 About Here

Demographic and Related Factors. The demographic variables were measured as follows: Annual family income was measured on a scale ranging from 1 through 15 levels ($0-499=1, $40,000 above=15); living arrangements was dummy coded (living alone=1, spouse=1, children=1, both living with spouse and children=1, other=0); ethnicity was dummy coded (Puerto Rican=1, Cuban=1, South/Central American=1, Mexican-American=0); Urban-rural residence was dichotomized (urban=1, rural=0); Social economic status was measured using the United States Census Work Classification Code ranging from 0 through 100; Employment status was dummy coded (working=1, housewife=1, disabled=1, retired=0); Education was measured by actual grade completed; age was measured by actual age; and gender was dichotomized (male=1,

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female=0). The related variables were measured as follows: perceived discrimination was measured separately for racial, sexual and age discrimination by summing the number of personal discrimination acts experienced by each respondent; and perceived acculturation was measured by summing the scores of those respondents that rated the amount of time spent listening, speaking or reading English (3), both (2), and Spanish (1) on five activities (watching television, listen to radio, talk on telephone, read newspaper and read magazine). The cronbach's alpha reliability coefficient was .76 for the measure of acculturation.

Transportation and Residential Environment Factors. The transportation variable was measured by summing the number of activities out of 4 the respondent drove their car to. The residence variables were measured as follows: residential mobility was measured on a scale ranging from 0 through 5 (no other city=0), (five or more cities=5); home ownership was dichotomized (yes=1, no=0); environmental criminal activity was measured by summing the number of criminal acts out of 6 the respondents had experienced; negative neighborhood environment was measured by summing the number of reasons for moving out of thirteen mentioned by the respondent; and environmental deterioration was measured by summing the number of house repairs needed by the respondent.

Activity and Social Interaction Factor. The activity and social interaction variables were measured as follows: contact with kin was measured separately for contact with children and relatives on a scale ranging from 0 through 4 (none=0; everyday=4); contact with friends and neighbors was measured on a scale ranging from 0 through 4 (none=0;

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everyday=4); formal church attendance was measured on a scale ranging from 1 through 6 (never=1; more than once a week=6); use of formal mental health (i.e., Church, Counselor, Psychologist, Doctor, and Agency) support out of 5 the respondent used; and use of informal mental health (i.e., Spouse, Relative, and Friend) support was measured by summing the number of informal supports out of 3 the respondent used.

Health and Physical Disability Factor. The health and physical disability variables were measured as follows: self-rated health status was measured on a scale ranging from 1 through 5 (very poor=1; very good=5); need for social services was measured by summing the number of services needed out of 13; and nutrition was dichotomized (eating well - yes=1; no=0).

Subjective Well-Being. Subjective well-being was measured by summing the number of negative psycho-social distressing events out of 4 mentioned by the respondent. The four categories represented: family problems; depression; difficulty sleeping because of worry; and afraid but not sure of the source. Cronbach's alpha reliability coefficient was .71 for this measure. Principle component factor analysis with varimax rotation indicated that the four variables are all loaded on one factor with depression (.71) and worry (.65) having the strongest factor loadings followed by fear (.58) and family problems (.40).

Method of Analysis

The method of analysis used in this study to ascertain the relative importance and relationship of the determinants of well-being was that of step-wise regression analysis. Multiple regression is a statistical technique which is useful for analyzing the correlation between variables to determine the collective and individual contributions of two or more independent variables to the variance of a dependent variable (well-being)

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(Kerlinger & Pedhazur, 1973).

Findings

The zero order correlation coefficients, means, standard deviations, and beta weights for all the variables related to well-being are shown in Table 1. Since the intercorrelation between the independent variables are relatively low, problems of multicollinearity can be ruled out.

Insert Table 1 About here

Table 1 represents the final results of the stepwise regression analysis of the determinants of subjective well-being of the Hispanic elderly. The relative importance of each variable is indicated by the magnitude of the standardized partial regresssion coefficients (beta weights). The beta weights represent the effect of each variable on well-being holding the effects of all other variables constant. Zero order correlation represent the relation between the independent variables and well-being without controlling for the effects of the other variables.

The findings indicate that only seven of the twenty-six variables used in the study significantly affected the well-being of the Hispanic elderly. These seven variables, use of informal mental health support, use of formal mental health support, self-rated health status, employment status (i.e., being a housewife), residential mobility, living arrangements (i.e., living with spouse) and age, jointly account for 23% of the variance in well-being. Additionally, four variables, informal support (beta=-.25), formal support (beta=-.21), health status (beta=-.20), and employment status (i.e., being a housewife) (beta=.13) account for 21% of the original variance in use.

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Regarding those variables classified as demographic or related factors only four variables, employment status-housewife (beta=.13), living arrangements/living with spouse (beta=-.09), and age (beta=-.09), affected well-being. For the Hispanic elderly these characteristics are related to negative well-being; being a housewife is positively related; and living with spouse and age are negatively related.

Regarding those variables classified as transportation or residence factors, only residential mobility (beta=.08) significantly affected well-being. It would appear that the more the Hispanic elderly move their place of residence the more negatively it affects their well-being.

Regarding those variables classified as activity and social interaction factor, only two variables; (1) use of informal mental health support (beta=-.25) and (2) use of formal mental health support (beta=-.21) were associated with well-being. It would appear the less the Hispanic elderly use both the formal and informal support systems the worse their well-being.

Finally, regarding those variables classified as health and physical disability factor, only self-rated health status had a significant impact on well-being. Those Hispanic elderly who are in poor health better predict negative well-being.

In summary, this analysis suggests that the subjective well-being of the Hispanic elderly is best predicted by the informal support system followed by the formal mental health support system, health status and employment status (i.e., being a housewife), with residential mobility, age and living arrangement (i.e., living with spouse), being weakly related to well-being.

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Discussion

The findings of this study indicate that the informal mental health support indicators (i.e., getting help from Spouse, Friend, and Relative), formal mental health indicators (i.e., Church, Doctor, Counselor, Psychologist, and Agency), perceived health status and employment status (i.e., being a housewife) are the strongest significant predictors of negative well-being. That is, those Hispanic elderly with mental health problems that rely less on informal support or formal support, are in poorer health and housewives are more likely to perceive their well-being negatively. Moreover, those Hispanic elderly who are more mobile and do not live with spouse are more likely to perceive their well-being negatively.

In examining the variables that are conceptualized as health related only health status predicted well-being among the Hispanic elderly. This relationship is consistent with the findings throughout the literature (Larson, 1978; Lohmann, 1980; Markides, 1980). However, health status was only the third best predictor of well-being accounting for 4% of the variance, while most research has found health status to be the strongest prediction of well-being.

In this study, those variables conceptualized as activity and social interaction were the strongest predictors of well-being, with informal mental health support accounting for 9% of the variance, followed by formal support with 5%. These findings clearly support the importance of informal and formal support in maintaining the well-being of this Hispanic elderly. In addition, this is the first empirical support for the hypothesis that the informal support system of the Hispanic elderly may be more important in sustaining their well-being than the formal support system (Miranda and Ruiz, 1981). However, the formal mental health system may serve

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as an important alternative of support when the informal systems is not intact. (Starrett et al., 1983). Both of these systems serve as important complementary mental health support systems in the lives of the Hispanic elderly. However, what happens to those elderly without access to either formal or informal support. Research is needed in this area.

Regarding those variables conceptualized as transportation and residential environment, only residential mobility significantly affected well-being, it however accounts for less than 1% of the variance. It would appear that those Hispanic elderly who have moved more in the last five years perceive their well-being more negatively than those who are more stable. It may be that those elderly who are more mobile do not establish the roots in the informal support system or community and as a result do not experience the instrumental and emotional support needed.

Finally, of the demographic variables, employment status (i.e., being a housewife), living arrangements (i.e., spouse) and age were significnatly related to well-being with being a housewife the fourth best predictor. It appears that being an older Hispanic housewife is a good indicator of negative well-being. This finding may provide partial support for the double jeopardy hypothesis as suggested in the Literature. (National URBAN League, 1964; Jackson, 1976; Jackson and Wood, 1976). Moreover, living with a spouse was negatively associated with well-being, suggestions that as one ages and moves to other living arrangements, ones perception of well-being deteriorates.

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The Determinants of Subjective Well-Being

INDEPENDENT VARIABLES

Demographic and Related Variables
- Annual Family Income
- Living Arrangements
- Ethnicity
- Urban-Rural Residence
- Social Economic Status
- Employment Status
- Education
- Age
- Gender
- Perceived Discrimination
- Perceived Acculturation

Transportation and Residential Environment
- Total Driving
- Residential Mobility
- Own Home
- Criminal Environment
- Negative Neighborhood Environment
- Environmental Deteriation

Activity and Social Interaction
- Contact with Kin
- Contact with Friends and Neighbors
- Formal Church Activity
- Use of Formal Mental Health Support System
- Use of Informal Mental Health Support System

Health and Physical Disabilities
- Self Rated Health Status
- Need for Social Services
- Nutrition

DEPENDENT VARIABLES

Subjective Well-Being

Figure 1

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This study has empirically shown that the informal and formal mental health support system of the Hispanic elderly acts as a buffer to reduce negative well-being. At the same time it supports the Literture in illustrating the negative effects of poor health and being a housewife on subjective well-being. Although the background characteristics of residential mobility, living with spouse and age are of lesser importance they are still a partial indication of why the Hispanic elderly with psychological problems perceive subjective well-being negatively.

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Table 1

Zero Order Correlations, Means, Standard Deviations, and Beta's for the Determinants of Mental Health

Independent Variable	Zero-Order Correlation	Means	Standard Deviation	Beta Weights
Income	-.1[illegible]	5.64	1.89	-.03
Alone	.0[illegible]	.27	.44	.0[illegible]
Spouse	-.0[illegible]	.27	.44	-.09**
Children	.04	.19	.[illegible]9	-01
Both	-.02	.20	.40	-.02
Cuban	-.05	.14	.34	-.01
Puerto Rico	-.00	.14	.35	-.04
South/Centera	-.02	.12	.33	-.02
Urban/Rural	-.03	.88	.33	-.02
SES	-.09	32.03	22.95	-.02
Working	-.10	.24	.43	-.01
Disabled	.08	.26	.44	.01
Housewife	.13	.20	.44	.13***
Educ	-.07	4.72	3.83	-.05
Age	-.07	66.53	8.60	-.09**
Sex	-.08	.42	.49	.00
Age Discrm	.07	.14	.50	.03
Sex Discrm	.06	.04	.27	.01
Race Discrm	.04	.18	.61	.01
Accult.	.62	5.84	3.36	.03
Total Driving	-.10	.84	1.56	-.03
Mobility	.09	.22	.65	.08**
Own Home	.01	.45	.50	.01
Crime	.02	.07	.34	.03
Neighborhood Neg	.06	.29	1.03	.05
Envir Deterioration	.07	1.53	2.00	.04
Contact Child.	.03	1.08	1.29	.00
Contact Relt.	.02	.75	1.09	-.01
Contact Neigh/frd	.09	1.17	1.36	.04
Church Attendance	-.00	3.77	1.68	-.03
Formal Support	-.26	.22	.42	-.21***
Informal Support	-.30	.30	.46	-.25***
Health	-.26	3.03	.97	-.20***
Needs	.09	4.15	3.71	.03
Nutrition	-.09	.75	.43	

** p .01
*** p .0001

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